



DESIGNATION OF PERSONAL REPRESENTATIVE

You may designate a personal representative to act on your behalf in pursuing a claim for benefits or appealing negative benefit decision. This individual can be a family member, friend, lawyer, or unrelated party.

Please print neatly to ensure correct and prompt processing.

1) I, The Undersigned, Authorize:

Health Plan/Name: _____

2) To Release PHI Information to my Designated Personal Representative from the Records of:

(Complete a separate form for each member whose information is releasable.)

Name: _____ Date of Birth: _____

Member Number: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

3) I, the Undersigned, Designate the Following Individual(s) as my Personal Representative:

A. Name of Individual: _____

Address: _____

City, State, Zip: _____

Telephone: _____

B. Name of Individual: _____

Address: _____

City, State, Zip: _____

Telephone: _____

C. Name of Individual: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Please read each of the following statements carefully before signing this document.

1. I understand that this designation will expire when my benefit coverage ends unless I indicate an expiration date or I revoke it.
2. I understand that this designation is voluntary and being made at my request.
3. I understand that the released information may no longer be protected by federal privacy laws and may be re-disclosed by the individual or organization that receives the information.
4. I understand that I may revoke this designation of personal representative at any time by sending a written notification. This revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective for information that my health plan has already used or disclosed, relying on this designation.

Signature: _____ **Date:** _____

If the person signing this form is not the member, or the parent/guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e. Power of Attorney, Court Assigned Guardian, Personal Representative, etc.).

(Over)